

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006342

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

68

STATE FILE NUMBER

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Garden City	
Length of stay in 1b 4 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Milton Middle Lorraine Last Merrifield		4. DATE OF DEATH Month 3 Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/4/1899
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months 62 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Anderson Co., Kansas	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William G. Merrifield		13b. MOTHER'S MAIDEN NAME Bianca B. Britton	
14. NAME OF HUSBAND OR WIFE Dorothy F. Merrifield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. II	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Dorothy F. Merrifield	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac standstill DUE TO (b) Ruptured appendix, operated DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) obesity, portal cirrhosis & arterial sclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 5:40 a.m. p.m. Month 3 Day 5 Year 1962	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garden City, Mo.	
20f. CITY, TOWN, OR LOCATION Garden City, Mo.		20g. COUNTY Cass	
20h. STATE Missouri		21. I attended the deceased from 3-5-62 10am to death and last saw her alive on 3-5-62 Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Carol E. Wetzel, Sec (Degree or title)		22b. ADDRESS Clinton Ind.	
22c. DATE SIGNED 3-5-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/8/1962		23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	
23d. LOCATION (City, town, or county) Garden City, Missouri		23e. DATE REC'D. BY LOCAL REG. Mar. 8, 1962	
23f. REGISTRAR'S SIGNATURE Mildred Bigum		23g. ADDRESS Clinton Ind.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

Dr C. Wetzel

MAR 15 1962
MAR 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Rich J. Glick* _____

Licensed Embalmer No. *4685*

P. O. Address *Indian City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.